

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 19020312

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH
COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Frankclay

Length of stay in 1b
6 1/2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois

c. CITY OR TOWN Frankclay Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Arthur Jefferson Crump

4. DATE OF DEATH

Month

Day

Year

May 16, 1964

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-5-1918

9. AGE (last birthday)
45

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Brown Shoe Co.

11. BIRTHPLACE (City and state or country)
Frankclay, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

George Crump

13b. MOTHER'S MAIDEN NAME

Grace Fleeman

14. NAME OF HUSBAND OR WIFE

Romania Crump

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.
21

17. INFORMANT Address
Romania Crump, Frankclay, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be "Natural Causes"

DUE TO (b)

Investigated by Ted Boyer, County Coroner.

DUE TO (c)

Had been known to have heart condition.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at 2:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Ether Rudloff

(Degree or title)

Local Registrar

22b. ADDRESS

Realty Bldg., St. Francois County Farmington, Mo.

22c. DATE SIGNED

5-18-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 19, 1964

23c. NAME OF CEMETERY OR CREMATORY

Leadwood Cemetery

23d. LOCATION (City, town, or county) (State)

Leadwood, Missouri

24. FUNERAL DIRECTOR

Bert L. Boyer, Leadwood, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 18, 1964

26. REGISTRAR'S SIGNATURE

Ether Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 28 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.